

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/600047</b>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3							53		
4		1					54		
5							55		
6		1					56		
7							57		
8		1					58		
9	1						59		
10		1					60		
11		1					61		
12							62		
13		1					63		
14							64		
15		1					65		
16							66		
17	1						67		
18		1					68		
19							69		
20							70		
21							71		
22							72		
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36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	15						TOTAL DEP.		
TOTAL CLAIMS	18						TOTAL CLAIMS		